

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-023352

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

042

Primary Registration District No.

5124

Registrar's No.

825

STATE FILE NUMBER

FILED JUL 15 1963

1. PLACE OF DEATH

a. COUNTY

Buchanan

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri

b. COUNTY Buchanan

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN Bloomington township

Length of stay in 1b

Life

c. CITY OR TOWN De Kalb

Inside Limits

Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Route 1, De Kalb,

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Rt. 1

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Martin

Middle Lee

Last Pierce

4. DATE OF DEATH

Month July

Day 7

Year 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐

Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Aug. 18, 1921

9. AGE (last birthday)

47

IF UNDER 1 YEAR

Months Days Hours Min.

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

General farming

11. BIRTHPLACE (City and state or country)

Buchanan County, Mo.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Roy Pierce

13b. MOTHER'S MAIDEN NAME

Irene Martin

14. NAME OF HUSBAND OR WIFE

Jessie Lee Pierce

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Mrs. Jessie Lee Pierce De Kalb, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Carcinoma left lung

INTERVAL BETWEEN ONSET AND DEATH

15 years

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from

28 Jan. 1963

to

7 July 1963

and last saw her alive on

4 May 1963

Death occurred at

3:15 a

m

on the date stated above, and to the best of my knowledge from the causes stated.

22a. SIGNATURE

Randal Wed, no

(Degree or title)

22b. ADDRESS

702 John St., Saint Joseph, Missouri

22c. DATE SIGNED

1 July 1963

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

July 8, 1963

23c. NAME OF CEMETERY OR CREMATORY

Westlawn Cemetery

23d. LOCATION (City, town, or county)

De Kalb, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Clark Funeral Home St. Joseph, Mo.

25. DATE RECD. BY LOCAL REG.

July 9, 1963

26. REGISTRAR'S SIGNATURE

Mrs. Clark Standell

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

R. Wed. M. J.

VS 300	DATE AMENDED	
Rev. 4/59		
1 5117		
2 5117		
3		
4 0		
5 1		
6		
7 0		
8 3		
9 163X		
10		
11		
12 90-0		
13 10		

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Emmanuel Clark

Licensed Embalmer No. 4238

P. O. Address St Joseph Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

Permit issued 7-8-63
1111
1111
01
02
1031